



PERR & KNIGHT

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

December 18, 2009

Mr. Michael T. McRaith
Director of Insurance
Illinois Department of Insurance
320 West Washington Street
Springfield, Illinois 62767

Attention: Mr. John Gatlin
Supervisor, Property and Casualty Compliance Unit

Submitted via Overnight Mail

Re: **Liberty Insurance Underwriters, Inc., FEIN 13-4916020, NAIC Number 111-19917**
Medical Malpractice Claims Made/Occurrence Rate/Rule Filing
Allied Health Program
Proposed Effective Date: Earliest Possible Date Upon Acknowledgment or Approval
Company Filing Number: LIU-RPG-AH-IL-09-01R

Mr. John Gatlin:

On behalf of Liberty Insurance Underwriters, Inc. ("Liberty" or "the Company"), we are filing new, independent rates and rules for its Allied Health – Medical Malpractice program. This program will provide medical malpractice coverage on an occurrence basis for various miscellaneous allied health professionals. In addition, claims-made coverage will be provided for Federations.

We are concurrently submitting the companion forms via SERFF filing number *PERR-126417266*, Company filing number *LIU-RPG-AH-IL-09-01F*.

The Company respectfully requests that the proposed rates and rules be implemented for all policies effective on and after the earliest possible date upon approval/acknowledgement.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company. We will submit the Company's response to your attention as soon as we receive it.

Please do not hesitate to contact us with any questions or comments.

Sincerely,

Shera Fournier
State Filings Analyst
Phone: 888.201.5123 extension 150
Fax: 310.230.8529
E-mail: doi@perrknight.com

Enclosures

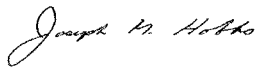
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ILLINOIS CERTIFICATION FORM MEDICAL MALPRACTICE RATES

(215 ILCS 5/155.18)(3) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, Joseph Hobbs, a duly authorized officer of Liberty Insurance Underwriters, Inc., am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

I, Kyle M. Hales, ACAS, MAAA, a duly authorized actuary of Perr&Knight, Inc. am authorized to certify on behalf of Liberty Insurance Underwriters, Inc. making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience and that I am knowledgeable of the laws regulations and bulletins applicable to the policy rates that are the subject of this filing.



Director of Compliance

Signature and Title of Authorized Insurance Company Officer

January 27, 2010

Date



ACAS, MAAA

Signature, Title and Designation of Authorized Actuary

January 27, 2010

Date

Insurance Company FEIN 13-4916020

Filing Number LIU-RPG-AH-IL-09-01R

Insurer's Address 55 Water Street; 18th Floor

City New York

State NY

Zip Code 10041

Contact Person's:

- Name and E-mail Shera Fournier, doi@perrknight.com

- Direct Telephone and Fax Number 888.201.5123 ext 150, 310.230.8529

Liberty Insurance Underwriters, Inc.
Allied Health – Medical Malpractice

Filing Memorandum – Rates/Rules

On behalf of Liberty Insurance Underwriters, Inc. (“Liberty” or “the Company”), we are filing new, independent rates and rules for its Allied Health – Medical Malpractice program. This program will provide medical malpractice coverage on an occurrence basis for various miscellaneous allied health professionals. In addition, claims-made coverage will be provided for Federations.

A corresponding forms filing is also being submitted for this program.



February 9, 2009

To Whom It May Concern:

Perr&Knight, Inc. is hereby authorized to submit rate, rule, and form filings on behalf of Liberty Insurance Underwriters, Inc. This authorization includes providing additional information and responding to questions regarding the filings on our behalf as necessary. This authorization is deemed in be in effect until rescinded in writing.

Please direct all correspondences and inquiries related to this filing to Perr&Knight, Inc. at the following address:

State Filings Department
Perr&Knight, Inc.
881 Alma Real Drive, Suite 205
Pacific Palisades, CA 90272
Tel: (888) 201-5123
Fax: (310) 230-1061

Please contact me at 212.208.8868 if you have any questions regarding this authorization.

Sincerely,

A handwritten signature in black ink, appearing to read "Joe Hobbs", with a long, sweeping horizontal stroke extending to the right.

Joseph Hobbs
Senior Vice President and Assistant Secretary
55 Water Street, 18th Floor
New York NY 10041
212.208.8868
joseph.hobbs@libertyiu.com

Neuman, Gayle

From: Hobbs, Joseph (New York-LIU) [Joseph.Hobbs@LibertyIU.Com]
Sent: Monday, October 24, 2011 3:46 PM
To: Gatlin, John
Cc: Neuman, Gayle
Subject: RE: Liberty Insurance Underwriters - Allied Health - Filing #LIU-RPG-AH-IL-09-01R

Mr. Gatlin,

Please accept this in response to your inquiry of October 17, 2011 with respect to the above referenced filing. Please note that as a result of your inquiry, I and my staff have conducted a thorough review of the subject filing. In addition, I have conferred with our filing vendor, Perr & Knight, as well as LIU's management and underwriting staff prior to this response.

Going forward, as Director of Compliance for LIU, I will manage all aspects of this filing and I will serve as the main point of contact for your Department. All communications will come from LIU Compliance or, if on a time sensitive basis, Perr & Knight will respond but only with my approval.

Furthermore, I and my staff will review all filings and product related submissions to ensure that we are in compliance with the medical malpractice statutes and regulations of Illinois.

LIU takes seriously the obligations and responsibility to adhere to all applicable filing requirements and regulations and we are confident that our process going forward will result in accurate, timely, and compliant filings.

I want to thank you and Gayle for your courtesies and assistance in connection with this inquiry and I hope this satisfies your request. Please do not hesitate to contact me if you need any additional information with respect to this filing.

Respectfully Submitted, Joe Hobbs

Joseph M. Hobbs
Senior Vice President & Director of Compliance - US

Liberty International Underwriters
55 Water Street, 18th Floor
New York, NY 10041 USA

Tel. 212-208-8868
Fax. 212-635-5040

Email: Joseph.Hobbs@LibertyIU.com

This e-mail, and any attachments thereto, is intended solely for the use of the addressee(s) and may contain legally privileged and/or confidential information. If you are not the intended recipient of this e-mail, you are hereby notified that any dissemination, distribution or copying of this e-mail, and any attachments thereto, is strictly prohibited. If you have received this e-mail in error, please notify me via return e-mail and via telephone at 212-208-8868 and permanently delete the original and any copy of this e-mail and any printout thereof.

From: Gatlin, John [mailto:John.Gatlin@illinois.gov]
Sent: Monday, October 17, 2011 3:29 PM
To: Hobbs, Joseph (New York-LIU); Laura Jennette
Cc: Neuman, Gayle
Subject: RE: Liberty Insurance Underwriters - Allied Health - Filing #LIU-RPG-AH-IL-09-01R

Dear Mr. Hobbs:

What precautions or checking process have you implemented to make sure you will be in compliance with medical malpractice statutes and regulations for future filings? Once we are in receipt of an acceptable response, we will proceed with the continued review of the filing, however, if there is any violation of a statute or regulation in the future we may recommend a Stipulation and Consent Order as well as a fine.

If you have any questions, please let us know.

Thank you,
John Gatlin
Assistant Deputy Director, Property and Casualty Compliance Unit
(217) 782-1786
Fax: 217-558-2083
john.gatlin@illinois.gov

Illinois Department of Insurance (eff. June 1, 2009)
320 West Washington Street
Springfield, IL 62767-0001

The Compliance Requirement Checklists for the submission of form and rate filings can be accessed through the Department's WEB Site. Here is the link: http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.htm

THIS MESSAGE IS INTENDED FOR THE SOLE USE OF THE ADDRESSEE and may be Confidential, Privileged and Exempt from disclosure under applicable laws. If you receive this message in error, please destroy it and notify us by sending an e-mail to John Gatlin (john.gatlin@illinois.gov).

This email is intended for the recipient only. If you are not the intended recipient please disregard, and do not use the information for any purpose.

From: Laura Jennette [mailto:ljennette@perrknight.com]
Sent: Monday, October 17, 2011 8:48 AM
To: Gatlin, John
Cc: Neuman, Gayle
Subject: FW: Liberty Insurance Underwriters - Allied Health - Filing #LIU-RPG-AH-IL-09-01R

Mr. Gatlin,

Good morning. Thank you for your continued consideration of the captioned filing. At this time, we would like to know if it would be possible to obtain an update regarding its current examination status.

Your time and attention to this inquiry are greatly appreciated.

Sincerely,
Laura Jennette
(201)963-1550 Ext. 2123

From: Laura Jennette
Sent: Friday, September 16, 2011 12:48 PM
To: 'Gatlin, John'
Cc: Neuman, Gayle
Subject: RE: Liberty Insurance Underwriters - Allied Health - Filing #LIU-RPG-AH-IL-09-01R

Mr. Gatlin,

Thank you for your email. The appropriate individual at LIUI is Joseph Hobbs. His email address is:
Joseph.Hobbs@LibertyIU.com.

Sincerely,
Laura Jennette
(201)963-1550 Ext. 2123

From: Gatlin, John [mailto:John.Gatlin@illinois.gov]
Sent: Friday, September 16, 2011 12:41 PM
To: Laura Jennette
Cc: Neuman, Gayle
Subject: Liberty Insurance Underwriters - Allied Health - Filing #LIU-RPG-AH-IL-09-01R

We need the e-mail address of the contact person who has management authority at Liberty Insurance Underwriters.

If you have any questions, please let us know.

Thank you,
John Gatlin
Assistant Deputy Director, Property and Casualty Compliance Unit
(217) 782-1786
Fax: 217-558-2083
john.gatlin@illinois.gov

Illinois Department of Insurance (eff. June 1, 2009)
320 West Washington Street
Springfield, IL 62767-0001

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This email is intended for the recipient only. If you are not the intended recipient please disregard, and do not use the information for any purpose.

The information in this e-mail and in any attachments is confidential and may be privileged. If you are not the intended recipient, please destroy this message and notify the sender immediately. You should not retain, copy or use this e-mail for any purpose, nor disclose all or any part of its contents to any other person or persons.

Any views expressed in this message are those of the individual sender, except where the sender specifically states them to be the views of Liberty International Underwriters.

Neuman, Gayle

From: Laura Jennette [ljennette@perrknight.com]
Sent: Thursday, April 21, 2011 10:00 AM
To: Neuman, Gayle
Cc: Gatlin, John
Subject: RE: Liberty Insurance Underwriters - Allied Health - Filing #LIU-RPG-AH-IL-09-01R

Ms. Neuman,

Thank you for granting the Company additional time. As it turns out, the response is ready now.

As requested, the Company has written the following premiums by class for the classes detailed below. Please note that the time frame begins 8/2/2010, which represent the first policy written in Illinois for this program and runs through 3/8/2011, which represents 30-days prior to the submission of our most recent filing on 4/7/2011.

- Allied health professionals (Additional Insureds for Athletic Trainers) = \$0; the Company has not written any Additional Insureds for this class over the specified timeframe.
- Part-time nurses program = \$30,118
- Occupational therapist program = \$3,051
- Pharmacist program = \$15,458; reflects the total amount of lower premium collected as a result of this change
- Student blanket program = \$0; the Company has not written any policies for student blanket coverage over this timeframe.
- Total premium for all impacted classes = \$48,627.

In addition, we would like to point out the following items, which we hope the Department will consider regarding any further regulatory action. Specifically,

- 1) As mentioned in the original filing memo, the Company performed an internal audit of its rates for compliance issues. As part of this filing, the Company is attempting to correct a few minor errors it discovered during this review process.
- 2) The incorrectly filed rates were never intended to be used in the state and as such, no policyholders' rates were impacted as a result of this review process.
- 3) All errors reflected the Company charging lower rates than those filed. Thus, no policyholder was charged a rate above those originally submitted.
- 4) The total premium for all impacted classes of \$48,627 represents less than 5% of the Company's total premium of over \$1.15 million for all allied health classes during this same period in Illinois.

We hope the factors above are sufficient for the Department to determine that no further regulatory action is required on their end.

Sincerely,
Laura Jennette
(201)963-1550 Ext. 2123

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Thursday, April 21, 2011 9:06 AM
To: Laura Jennette
Subject: RE: Liberty Insurance Underwriters - Allied Health - Filing #LIU-RPG-AH-IL-09-01R

Ms. Jennette,

I will extend the due date to April 29, 2011.

Gayle Neuman

Illinois Department of Insurance
(217)524-6497

From: Laura Jennette [mailto:ljennette@perrknight.com]
Sent: Thursday, April 21, 2011 8:05 AM
To: Neuman, Gayle
Cc: Gatlin, John
Subject: RE: Liberty Insurance Underwriters - Allied Health - Filing #LIU-RPG-AH-IL-09-01R

Ms. Neuman,

Good morning. At this time, we would like to request a one-week extension (until April 29) in order to address your inquiry appropriately. Our offices are closed tomorrow in observance of Good Friday and we may not receive a response from Liberty today.

Please advise if this request is acceptable. Thank you for your consideration.

Sincerely,
Laura Jennette
(201)963-1550 Ext. 2123

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Tuesday, April 12, 2011 12:45 PM
To: Laura Jennette
Cc: Gatlin, John
Subject: RE: Liberty Insurance Underwriters - Allied Health - Filing #LIU-RPG-AH-IL-09-01R

Ms. Jennette,

We request Liberty provide information regarding business written for any insureds to date in the following groups:

- allied health professionals
- part-time nurses program
- occupational therapist program
- pharmacist program
- student blanket program

50 Ill. Adm. Code 929 requires medical malpractice rates to be filed no later than 30 days after their effective date. This information will be reviewed to determine if Liberty has violated such provisions. Such information will be forwarded to upper management for determination of further regulatory action.

I request receipt of a response by April 22, 2011.

Gayle Neuman

Illinois Department of Insurance
(217)524-6497

From: Laura Jennette [mailto:ljennette@perrknight.com]
Sent: Tuesday, April 12, 2011 10:57 AM
To: Neuman, Gayle
Subject: RE: Liberty Insurance Underwriters - Allied Health - Filing #LIU-RPG-AH-IL-09-01R

Ms. Neuman,

The Company began writing policies effective 8/2/2010.

Sincerely,
Laura Jennette
(201)963-1550 Ext. 2123

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Tuesday, April 12, 2011 11:24 AM
To: Laura Jennette
Subject: RE: Liberty Insurance Underwriters - Allied Health - Filing #LIU-RPG-AH-IL-09-01R

Yes, our rules now indicate you may start using rates and file them within 30 days of use. At the time your filing was actually made (prior to the Illinois Supreme Court ruling), you must file them before use (or the same day). What effective date was used?

Gayle Neuman
Illinois Department of Insurance
(217)524-6497

From: Laura Jennette [mailto:ljennette@perrknight.com]
Sent: Tuesday, April 12, 2011 9:59 AM
To: Neuman, Gayle
Subject: RE: Liberty Insurance Underwriters - Allied Health - Filing #LIU-RPG-AH-IL-09-01R

Dear Ms. Neuman,

The Company advised that they have exercised their rights under the File & Use statutes of the state to begin writing business in Illinois. Please let me know if you need any additional information.

Sincerely,
Laura Jennette
(201)963-1550 Ext. 2123

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Monday, April 11, 2011 4:30 PM
To: Laura Jennette
Subject: RE: Liberty Insurance Underwriters - Allied Health - Filing #LIU-RPG-AH-IL-09-01R

Ms. Jennette,

On the original submission in December, 2009, the filing indicated you were requesting the effective date be upon approval by the Department. Did you start writing any business to date? Your prompt attention is appreciated.

Gayle Neuman
Illinois Department of Insurance
(217)524-6497

Neuman, Gayle

From: Laura Jennette [ljennette@perrknight.com]
Sent: Friday, April 08, 2011 10:15 AM
To: Neuman, Gayle
Subject: RE: Liberty Insurance Underwriters - Allied Health - Filing #LIU-RPG-AH-IL-09-01R

Ms. Neuman,

Good morning. Thank you for the quick reply. You should receive an envelope from FedEx today containing the revised manual pages.

Sincerely,
Laura Jennette
(201)963-1550 Ext. 2123

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Thursday, April 07, 2011 3:57 PM
To: Laura Jennette
Subject: RE: Liberty Insurance Underwriters - Allied Health - Filing #LIU-RPG-AH-IL-09-01R

Unfortunately, I cannot open your attachment. Because we utilize SERFF, we cannot use the most current versions of Adobe – perhaps that is why it cannot be opened here. Therefore, please mail the attachments at your earliest convenience.

Gayle Neuman

Illinois Department of Insurance
(217)524-6497

From: Laura Jennette [mailto:ljennette@perrknight.com]
Sent: Thursday, April 07, 2011 2:47 PM
To: Neuman, Gayle
Subject: Liberty Insurance Underwriters - Allied Health - Filing #LIU-RPG-AH-IL-09-01R

Dear Ms. Neuman,

Thank you for your continued consideration of the captioned filing, which we submitted on behalf of Liberty Insurance Underwriters, Inc.

After performing an audit of the documents provided in our original filing to those intended for use with this program, we noticed few omissions. Therefore, we would like to make the following corrections to the previously submitted manual pages:

- **Part 2.A. Allied Health Professionals** – we would like to include the rates for Athletic Trainers Additional Insureds, which were inadvertently omitted from our initial submission.
- **Part 2.C. Dental Hygiene Professionals Program** – the initially submitted page was showing incorrect limits options of \$100K/\$300K for Additional Insureds and General Liability coverages. The attached revised page corrects this typographic error and shows the intended limits option of \$200K/\$200K (the same as for the Professional Liability coverage for the program).

- **Part 2.G. Nurses Program** – revised pages include the rates for part time nurses, which were inadvertently omitted from our initial filing.
- **Part 2.H. Occupational Therapist Program** - we inadvertently submitted incorrect (higher) rates for this class with our initial filing. With this submission we would like to correct this error and submit the correct (lower) rates for the program. We would also like to add the rates for additional insured and for General Liability coverage, which were inadvertently omitted from our initial submission of the program.
- **Part 2.J. Pharmacist Program** – we inadvertently submitted incorrect (higher) rates for this class with our initial filing. With this submission we would like to correct this error and submit the correct (lower) rates for the program. We would also like to delete the rates for Retail Druggist, since this were submitted by mistake and should not be part of the filing.
- **Part 2.M. Rehabilitation and Respiratory Professionals** – the page was revised to indicate that the filed rates are applicable to Respiratory Therapist/Assistant. The word “Assistant” was inadvertently omitted from the initially approved pages. With this editorial change we would like to correct this omission.
- **Part 2.N. Strength and Condition Program** – the revised page corrects a typographical error. The word “Optional” was misspelled in the initially submitted page.
- **Part 4 – Student Blanket Program:**
 - a. We inadvertently filed a base rate of \$14.50 for the \$1M/\$3M limits for Class I. We are proposing to correct this by reducing the base rate to \$13.00 for this class. Corresponding changes were made to the rates for the other limits and terms and Class II rates.
 - b. We removed the 25% charge for additional educational institutions in the student blankets rate / rules and apply this charge to acceptable facilities.

Corrections to the corresponding forms portion of the program are being filed simultaneously under SERFF Tracking # PERR-127099989, Company Filing # LIURPGAHL1101F.

If you would like to receive hard copies of the revised manual pages attached to this email, please let me know and I'll mail them to you right away.

Your acknowledgment of this revision would be greatly appreciated. Thank you once again for your time and attention to our filing.

Best regards,

Laura Jennette
 State Filings Analyst
 Perr&Knight
 881 Alma Real Drive, Suite 205
 Pacific Palisades, CA 90272
 Phone: (201) 963-1550 x2123
ljennette@perrknight.com
www.perrknight.com

ABOUT PERR&KNIGHT

Perr&Knight is a leading provider of insurance support services, including **Actuarial Consulting, Competitive Intelligence, Data Services, Management Consulting** and **Regulatory Compliance**. Together with our preferred technology partners, Perr&Knight provides a strategic resource that companies utilize to reduce their fixed costs while increasing the efficiency and value of their insurance operations.

Perr&Knight is not a law firm and does not provide legal advice, services and/or opinions. Perr&Knight, and its employees, cannot act as legal counsel with respect to any matter and no attorney-client relationship is implied or created by anything contained herein. To the

extent that, during the course of providing consulting and other services, any information regarding legal matters is provided, Perr&Knight has made commercially reasonable efforts to ensure that such information is accurate. However, as laws vary from jurisdiction to jurisdiction and change rapidly, such information may not be up to date and all legal matters should be reviewed by your own in-house counsel, outside counsel and/or other legal advisors, as appropriate, who are licensed or otherwise permitted to practice law in the jurisdiction(s) involved.

Neuman, Gayle

From: Shera Fournier [sfournier@perrknight.com]
Sent: Tuesday, February 02, 2010 12:12 PM
To: Neuman, Gayle
Subject: RE: Liberty Insurance Underwriters - Filing #LIU-RPG-AH-IL-09-01R
Attachments: Part 1 - Med Mal General Rules 2010-02 IL SEP.pdf

Ms. Neuman,

The Company would like to withdraw its charge for the installment option. As such, there will be no installment fees with this program. Please find the revised manual page, which reflects this change.

If you have any other questions or concerns please let us know.

Sincerely,

Shera Fournier
Filings Analyst
310-230-9339 x150

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Friday, January 29, 2010 7:00 AM
To: Shera Fournier
Subject: Liberty Insurance Underwriters - Filing #LIU-RPG-AH-IL-09-01R

Ms. Fournier,

In regard to the quarterly premium payment plan, you may access installment charges or fees of no more than 1% of the total premium or \$25.00, whichever is less. Our intent in this language is for the company to use the 1% of the total premium, unless 1% of their premium would exceed \$25.00. Therefore, please change the payment option wording regarding this charge.

I request receipt of your response by no later than February 2, 2010.

Gayle Neuman

Illinois Department of Insurance
Property & Casualty Compliance
(217) 524-6497

Please refer to the Property & Casualty Review Checklists before submitting any filing. The checklists can be accessed through the Department's website at www.insurance.illinois.gov.

THIS MESSAGE IS INTENDED FOR THE SOLE USE OF THE ADDRESSEE AND MAY BE CONFIDENTIAL, PRIVILEGED AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAWS. IF YOU RECEIVE THIS MESSAGE IN ERROR, PLEASE DESTROY IT AND NOTIFY US BY SENDING AN E-MAIL TO: GAYLE.NEUMAN@ILLINOIS.GOV.

2/2/2010



LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

ILLINOIS STATE EXCEPTION PAGES

Part 1 – General Rules

The following is added to Part 1 – General Rules:

XI. QUARTERLY INSTALLMENT PAYMENT OPTION

Quarterly payment options are available for policies with premium greater than or equal to \$500 as described below.

- a) An initial payment of 40% of the estimated total premium is due at policy inception;
- b) The remaining premium will be spread equally among the second, third, and fourth installments, and due 3, 6, and 9 months from policy inception, respectively;
- c) No interest charges will apply;
- d) A \$5.00 charge per installment will apply to the second, third, and fourth installments;
- e) Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to a policy will be billed immediately as a separate transaction.

WITHDRAWN

FEB 02 2010

**STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS**

Neuman, Gayle

From: Shera Fournier [sfournier@perrknight.com]
Sent: Friday, January 29, 2010 12:22 PM
To: Neuman, Gayle
Subject: RE: Liberty Insurance Underwriters - Filing #LIU-RPG-AH-IL-09-01R
Attachments: ILLINOIS CERTIFICATION FORM.pdf

Hello Ms. Neuman,

We apologize for that oversight. Attached is a completed Certification form. Please let us know if you need anything else.

Sincerely,

Shera Fournier
Filings Analyst
310-230-9339 x150

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Friday, January 29, 2010 6:46 AM
To: Shera Fournier
Subject: RE: Liberty Insurance Underwriters - Filing #LIU-RPG-AH-IL-09-01R

Ms. Fournier,

The certification provided did not include the signature of the officer of the company. Please forward the completed certification by no later than February 2, 2010.

Gayle Neuman
Department of Insurance

From: Shera Fournier [mailto:sfournier@perrknight.com]
Sent: Wednesday, January 27, 2010 1:14 PM
To: Neuman, Gayle
Subject: Liberty Insurance Underwriters - Filing #LIU-RPG-AH-IL-09-01R

Dear Ms. Newman,

Thank you for your January 12, 2010 letter. Please see our responses below.

Response 1: Please find the attached Illinois Certification Form – Medical Malpractice Rates.

Response 2: The Company will report their statistics to ISO.

Response 3: Please find the attached Illinois State Exception Page, which includes the Company's installment payment plan option.

Response 4: For most classes this is correct (i.e. there are no territories in Illinois). However, it should be noted that we are proposing rates that vary by territory for the following classes: Optometrists, Physician Assistants;

2/1/2010

and Individual Student Program. The rates for these classes can be found on the following manual pages: LIUI-AH-CW-OPT-1 & 2, LIUI-AH-CW-PHA-1, and LIUI-AH-CW-ISP-1, respectively.

Response 5: The Company's policy provides for occurrence coverage for all classes except Federation. Federation will utilize a claims-made policy.

Response 6: There are no deductibles for this program.

Response 7: The general liability coverage part of this program will only be offered on an occurrence basis. As such, we do not believe this question is applicable to the Company's program.

If you have any questions or concerns please let us know.

Sincerely,

Shera Fournier
Filings Analyst
310-230-9339 x150

ILLINOIS CERTIFICATION FORM MEDICAL MALPRACTICE RATES

(215 ILCS 5/155.18)(3) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, Joseph Hobbs, a duly authorized officer of Liberty Insurance Underwriters, Inc., am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

I, Kyle M. Hales, ACAS, MAAA, a duly authorized actuary of Perr&Knight, Inc. am authorized to certify on behalf of Liberty Insurance Underwriters, Inc. making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience and that I am knowledgeable of the laws regulations and bulletins applicable to the policy rates that are the subject of this filing.

Signature and Title of Authorized Insurance Company Officer

January 27, 2010

Date



ACAS, MAAA

Signature, Title and Designation of Authorized Actuary

January 27, 2010

Date

Insurance Company FEIN 13-4916020

Filing Number LIU-RPG-AH-IL-09-01R

Insurer's Address 55 Water Street; 18th Floor

City New York

State NY

Zip Code 10041

Contact Person's:

- Name and E-mail _____

- Direct Telephone and Fax Number _____

Neuman, Gayle

From: Neuman, Gayle
Sent: Tuesday, January 12, 2010 10:54 AM
To: 'P&K State Filings'
Subject: Liberty Insurance Underwriters - Filing #LIU-RPG-AH-IL-09-01R

S. Fournier,

I am in receipt of the filing submitted with your letter dated December 18, 2009. Please address the following questions/concerns for this filing:

1. 215 ILCS 5/155.18 states it shall be certified in this filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience. This information is required in every rate/rule filing for medical malpractice.
2. Please indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?
3. Pursuant to 50 Ill. Adm. Code 929, all companies writing medical liability insurance shall file with the Secretary or Director a plan to offer each medical liability insured the option to make premium payments, in at least quarterly installments. For purposes of this requirement, insurers may, but are not required to, offer such premium installment plans to insureds whose annual premiums are less than \$500, or for premium for any extension of a reporting period. Quarterly installment premium payment plans subject to this Section shall be included in the initial offer of the policy, or in the first policy renewal occurring after January 1, 2006. Thereafter, the insurer may, but need not re-offer such payment plan, but if an insured requests such payment plan at a later date, the insurer must make it available. All quarterly installment premium payment plan provisions shall be contained in the filed rate and/or rule manual in a section entitled, "Quarterly Installment Option" or a substantially similar title. If the company uses a substantially similar title, the Rule Submission Letter must indicate the name of the section that complies with this requirement. All quarterly installment premium payment plans shall include the minimum standards listed below. Insurers may provide for quarterly installment premium payment plans that differ from these minimum standards, as long as such plans have terms that are at least as or more favorable than those listed below.
 - a) An initial payment of no more than 40% of the estimated total premium due at policy inception;
 - b) The remaining premium spread equally among the second, third, and fourth installments, with the maximum for such installments set at 30% of the estimated total premium, and due 3, 6, and 9 months from policy inception, respectively;
 - c) No interest charges;
 - d) Installment charges or fees of no more than 1% of the total premium or \$25.00, whichever is less;
 - e) A provision stating that additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to a policy may be billed immediately as a separate transaction.
4. There are no territory definitions in the filing. Do you charge the same amount to an insured regardless of where they practice?

1/12/2010

5. Are the rates provided for claims-made or occurrence? The manual should disclose such information.
6. Is there a deductible program offered?
7. On all general liability coverage parts:
 - a. the extended reporting period must be offered when the policy is cancelled or not renewed for any reason
 - b. the insured gets a free 60 day period after the end of the policy to request the e.r.p.
 - c. the insured must be offered:
 - (1) a free 5 year tail; and
 - (2) an unlimited tail with limits reinstated (100% of aggregate expiring limits for the duration) and premium capped
(e.r.p. is limited to a 200% cap of the annual premium of the expiring policy)
 - d. after the premium is paid, the e.r.p. may not be cancelled for any reason.

I request receipt of your response by no later than January 22, 2010.

Gayle Neuman

Illinois Department of Insurance
Property & Casualty Compliance
(217) 524-6497

Please refer to the Property & Casualty Review Checklists before submitting any filing. The checklists can be accessed through the Department's website at www.insurance.illinois.gov.

THIS MESSAGE IS INTENDED FOR THE SOLE USE OF THE ADDRESSEE AND MAY BE CONFIDENTIAL, PRIVILEGED AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAWS. IF YOU RECEIVE THIS MESSAGE IN ERROR, PLEASE DESTROY IT AND NOTIFY US BY SENDING AN E-MAIL TO: GAYLE.NEUMAN@ILLINOIS.GOV.

RECEIVED

P E R R & K N I G H T

APR - 8 2011

April 7, 2011

Mr. Michael T. McRaith
Director of Insurance
Illinois Department of Insurance
320 West Washington Street
Springfield, Illinois 62767

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Attention: Ms. Gayle Neuman

Re: Liberty Insurance Underwriters, Inc., FEIN 13-4916020, NAIC Number 111-19917
Medical Malpractice Claims Made/Occurrence
Allied Health Program
Rate/Rule Filing
Company Filing Number: LIU-RPG-AH-IL-09-01R

Dear Ms. Neuman:

Thank you for your continued consideration of the captioned filing.

After performing an audit of the documents provided in our original filing to those intended for use with this program, we noticed few omissions. Therefore, we would like to make the following corrections to the previously submitted manual pages:

- **Part 2.A. Allied Health Professionals** – we would like to include the rates for Athletic Trainers Additional Insureds, which were inadvertently omitted from our initial submission.
- **Part 2.C. Dental Hygiene Professionals Program** – the initially submitted page was showing incorrect limits options of \$100K/\$300K for Additional Insureds and General Liability coverages. The attached revised page corrects this typographic error and shows the intended limits option of \$200K/\$200K (the same as for the Professional Liability coverage for the program).
- **Part 2.G. Nurses Program** – revised pages include the rates for part time nurses, which were inadvertently omitted from our initial filing.
- **Part 2.H. Occupational Therapist Program** - we inadvertently submitted incorrect (higher) rates for this class with our initial filing. With this submission we would like to correct this error and submit the correct (lower) rates for the program. We would also like to add the rates for additional insured and for General Liability coverage, which were inadvertently omitted from our initial submission of the program.
- **Part 2.J. Pharmacist Program** – we inadvertently submitted incorrect (higher) rates for this class with our initial filing. With this submission we would like to correct this error and submit the

correct (lower) rates for the program. We would also like to delete the rates for Retail Druggist, since this were submitted by mistake and should not be part of the filing.

- **Part 2.M. Rehabilitation and Respiratory Professionals** – the page was revised to indicate that the filed rates are applicable to Respiratory Therapist/Assistant. The word “Assistant” was inadvertently omitted from the initially approved pages. With this editorial change we would like to correct this omission.
- **Part 2.N. Strength and Condition Program** – the revised page corrects a typographical error. The word “Optional” was misspelled in the initially submitted page.
- **Part 4 – Student Blanket Program:**
 - a. We inadvertently filed a base rate of \$14.50 for the \$1M/\$3M limits for Class I. We are proposing to correct this by reducing the base rate to \$13.00 for this class. Corresponding changes were made to the rates for the other limits and terms and Class II rates.
 - b. We removed the 25% charge for additional educational institutions in the student blankets rate / rules and apply this charge to acceptable facilities.

Corrections to the corresponding forms portion of the program are being filed simultaneously under SERFF Tracking # PERR-127099989, Company Filing # LIURPGAHIL1101F.

Please do not hesitate to contact us with any comments or concerns.

Sincerely,



Laura Jennette
State Filings Analyst
Phone: 201.963.1550 x2123
Fax: 310.230.8529
E-mail: doi@perrknight.com

Enclosures



LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

COUNTRYWIDE RATES/RULES MANUAL

Part 1 – General Rules

I. APPLICATION OF MANUAL RULES

- A. This manual provides rules, rates, premiums, and classifications and shall govern the writing of Professional Liability policies for Healthcare Provider specialties.
- B. The rules, rates, rating plans, and forms filed on behalf of the Company and not in conflict herewith shall govern in all cases not specifically provided for herein.
- C. Any exceptions to these manual rules are contained in the respective Section or State Rate Page.

II. POLICY TERMS

Policies may be written for a term of one year, and renewed annually thereafter, or as otherwise specified for the respective coverage.

III. WHOLE DOLLAR RULE

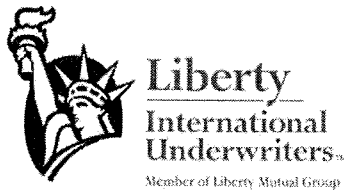
In the event the application of any rating procedure applicable in accordance with this manual where the result is not a whole dollar, each rate and premium shall be adjusted as follows:

- A. any amount involving \$.50 or over shall be rounded to the next highest whole dollar amount; or
- B. any amount involving \$.49 or less shall be rounded down to the next lowest whole dollar amount.

IV. ADDITIONAL PREMIUM CHARGES

- A. Prorate all changes requiring additional premium.
- B. Apply the rates and rules that were in effect at the inception date of this policy period. After computing the additional premium, charge the amount applicable from the effective date of the change, even if the policy inception premium was less than the policy writing minimum premium (if applicable).
- C. Waive additional premium of \$10.00 or less (not applicable in KS, NH & WA).

WITHDRAWN



LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

COUNTRYWIDE RATES/RULES MANUAL

Part 1 – General Rules

V. RETURN PREMIUM

- A. Deletion of any coverage, other than optional coverages, is not permitted unless the entire policy is canceled.
- B. Compute return premium at the rates used to calculate the policy premium at the inception of this policy period.
- C. Compute return premium pro rata and round in accordance with the Whole Dollar Rule when any coverage or exposure is deleted or an amount of insurance is reduced.
- D. Waive return premium of \$10.00 or less (not applicable in KS, NH & WA). Grant any return premium due if requested by the insured. This waiver only applies to cash exchange due on the endorsement effective date.

VI. POLICY CANCELLATIONS

- A. The policy may be canceled flat within 60 days of the effective date. Evidence of such cancellation must be received by the Company within 60 days of such cancellation.
- B. Any cancellation initiated, other than by the insured, after more than 60 days will be canceled pro-rata.
- C. Cancellation initiated by the insured will be canceled pro-rata less a penalty of 10% (7.5% for AK) unless coverage is concurrently rewritten by the Company, in which case no penalty shall be applied.

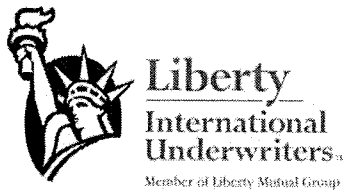
VII. COVERAGES

Coverages under this policy shall be as described in the respective Coverage Parts. It shall be permissible to attach more than one Coverage Part to the policy. The following are the combinations of coverages that are available under this policy:

Professional Liability and General Liability
Professional Liability only

Note: General Liability cannot be purchased on a stand-alone basis.

WITHDRAWN



LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

COUNTRYWIDE RATES/RULES MANUAL

Part 1 – General Rules

VIII. PREMIUM COMPUTATION

- A. Compute the premium at policy inception using the rules, rates, and rating plans in effect at that time. At each renewal, compute the premium using the rules, rates, and rating plans then in effect.
- B. Prorate the premium when a policy is issued for less than a whole year.
- C. Premiums are calculated as specified for the respective coverage. Premium rounding will be done at the end of the computation process in accordance with the Whole Dollar Rule.

Available coverages under this program are:

- a. Professional Liability Premium:

Premium is computed by multiplying the appropriate rate for each professional by the number of insured professionals. This multiplication is performed for each class of professional. The sum of these products is the total professional liability premium.

- b. General Liability Premium:

Premium is equal to the applicable rate for the first covered location if only one location is covered. Additional location premium is calculated by multiplication of the rate for additional locations by the number of covered locations less one. The premium is the sum of this product and the first location rate. This calculation is given in the following formula:

$$P = r_1 + [r_2 * (n-1)]$$

Where P is the general liability premium, r_1 , is the first location rate, r_2 , is the additional location rate, and n is the total number of locations.

- c. Additional Insured Premium:

Premium is computed by multiplying the applicable rate by the number of additional insureds under the policy.

- d. Independent Contractor Premium:

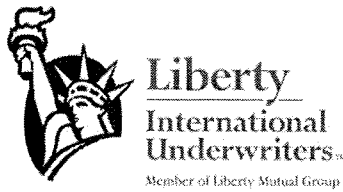
For Physical Therapist and Mental Health Specialists only:

Premium is computed by multiplying the applicable rate by the number of independently contracted healthcare professionals providing services on behalf of the insured.

- e. Policy Premium:

The sum of the premiums developed by rules: a, b, c, and d above is the policy premium.

WITHDRAWN



LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

COUNTRYWIDE RATES/RULES MANUAL

Part 1 – General Rules

IX. FACTORS OR MULTIPLIERS

Wherever applicable, factors or multipliers are to be applied consecutively and not added together.

A. Additional Limit

For Optometrists and Physical Therapists only:

Groups with limits of liability equal to or less than \$1M/\$3M have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.

For Nurses only:

Groups with limits of liability equal to or less than \$1M/\$6M (\$1M/\$3M in NY) have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.

B. Exposure Reduction

Reduced rates apply to insureds engaged in practices that reduce the risk of loss. If an insured qualifies under more than one category, only the category that provides the lowest rate applies.

i) Part-time Practice:

Part-time rates apply to self-employed professionals practicing 20 or fewer (16 or fewer for Mental Health in LA only) hours per week. These rates are shown on the rate page as part-time self-employed.

ii) Newly Graduating Professionals:

Classes: Athletic Trainer; Dietician; Occupational Therapist; Respiratory Therapist; Pharmacists

New graduate rates apply to individual professionals of the following classes who graduated within one year prior to the policy effective date. The rate for such professionals shall be 50% of the rate shown on the rate page.

Class: Optometrist

New graduate rates apply to individual Optometrists who graduated within one year prior to the policy effective date. The rate for such Optometrists shall be 25% of the rate shown on the rate page.

Class: Nurses

First Year Graduate RN is defined as a Registered Nurse who completed the training as a Registered Nurse within the previous twelve months and who is applying for coverage as an individual. Refer to the rate pages for discounted rate.

The lowest rate given by i.) or ii.) above applies.

WITHDRAWN

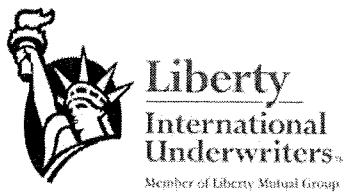
APR 08 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE

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APR 08 2011

LIUI-AH-CW-GEN-4



LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

COUNTRYWIDE RATES/RULES MANUAL

Part 1 – General Rules

C. Workers Compensation Exposure: For Physical Therapist only:

The Workers Compensation (WC) exposure is determined by the percentage of time spent by an insured professional treating patients who have WC related injuries. If the percentage of time spent treating patients exceeds 40% a 1.20 multiplying factor will be applied to the total premium.

D. Risk Management Credit

Insureds are eligible for a premium credit, based upon participation in or attendance at a Company approved loss prevention, loss control, risk management or legal issues seminar or other educational forum (collectively “seminar”). Please refer to the table below for the eligible specialties and discounts. For groups, 50% of the ratable professionals must have attended a “seminar” for this credit to apply.

	Athletic Trainers**	Audiologist/ Speech Language Pathologist	Mental Health Specialist**	Nurses**	Opto-metrists	Pharmacist	Rehab Therapists
BOC Certification	10%*	N/A	N/A	N/A	N/A	N/A	N/A
Completion/passed National Board Certified Counselor Exam	N/A	N/A	10%	N/A	N/A	N/A	N/A
Participation or attendance at a company approved loss prevention, loss control, risk management, or legal issues seminar or other educational forum	10%	N/A	10%	10%*	10%	25%	10%*
Protocols regarding Risk Management for ASHP	N/A	N/A	N/A	N/A	N/A	10%****	N/A
CCC Credit	N/A	5%*	N/A	N/A	N/A	N/A	N/A
ACE Credit	N/A	10%* (5% in NY)	N/A	N/A	N/A	N/A	N/A
CCC/ACE Credit	N/A	15%* (10% in NY)	N/A	N/A	N/A	N/A	N/A
Certification from AANPCP, ANCC or other certifying bodies	N/A	N/A	N/A	10%*	N/A	N/A	N/A

Edition: 11/2009

WITHDRAWN

Healthcare Providers Professional Liability

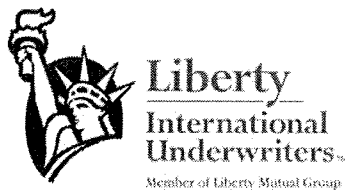
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APR 08 2011

DEPA

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE



LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

COUNTRYWIDE RATES/RULES MANUAL

Part 1 – General Rules

	Athletic Trainers**	Audiologist/ Speech Language Pathologist	Mental Health Specialist**	Nurses**	Opto-metrists	Pharma-cists	Rehab Therapists
Employment at a Magnet Hospital	N/A	N/A	N/A	10%*	N/A	N/A	N/A
Employment in a unit that has received the Beacon Award for Critical Care Excellence.	N/A	N/A	N/A	10%*	N/A	N/A	N/A

*Sponsored Applicants only.

**Risk Management Credit can not exceed 10%.

***See specific rate page for credits.

****ASHP Pharmacists Only

E. Claims Experience:

Based on frequency and severity of claims, including the types and trends for each individual insured professional and the insured entity as a whole.

Modification Amount

Claim

10% Debit

1 claim in past 3 years reserved or paid greater than \$5K and less than \$15K

15% Debit

2 claims in past 3 years reserved or paid greater than \$5K and less than \$15K

25% Debit

1 or more claims in past 3 years total reserved or paid greater than \$15K and less than \$30K

F. Group Size

For Physical Therapist:

For purposes of rating, a Group is defined as more than one professional practicing together. An additional 1.15 multiplying factor will be applied to each group policy premium.

For Mental Health Specialist:

A size of group credit will be provided for practices which insure more than one professional under one policy ("groups"). This premium credit will be based upon the number of professionals insured under such "group" as follows:

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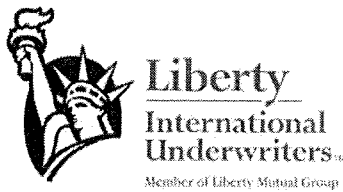
Edits 11/2009

Healthcare Providers Professional Liability

LIUI-AH-CW-GEN-6

APR 08 2011

STATE OF ILLINOIS



LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

COUNTRYWIDE RATES/RULES MANUAL

Part 1 – General Rules

Number of Professionals	Credit
1 – 2	0.00%
3 – 5	4.00%
6 – 10	6.00%
11 – 15	8.00%
16+	10.00%

For Other than Physical Therapist and Mental Health Specialists

A size of group credit will be provided for practices which insure more than one professional under one policy ("groups"). This premium credit will be based upon the number of professionals insured under such "group" as follows:

Number of Professionals	Credit
2 – 9	4.00%
10 – 14	8.00%
15+	12.00%

G. Modification Schedule

Other risk modifications may be applied to the rate subject, however, to a maximum credit or debit as set forth in the State Modification Limits table. Premium eligibility is as follows: \$2,500 in NY, \$1,000 in WA, \$1,000 in FL before and after the application of schedule rating modifiers, and \$6,000 (after modification) in LA. This is not applicable for all other states.

Hazards vary with the organization and are impacted by factors such as loss prevention activities, professional liability claim experience, professional services rendered, etc. To recognize the factors peculiar to the insured's practice, the underwriter may apply a modification factor to the premium otherwise developed based on the overall evaluation of the risk.

Experience Factor:	+50% to -50%
Non-Renewed within Past 10 Years	
Claims Experience	
Licensing Board Experience	
Quality Management:	+50% to -50%
Loss Control/Risk Management Education	
Ethical or Moral Standing	
Number of years in business	
Multiple Medical Professions	

WITHDRAWN

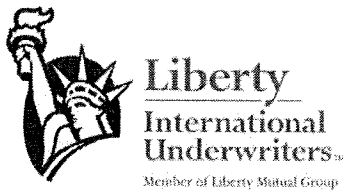
Edits: 01/2009

Healthcare Providers Professional Liability

LIUI-AH-CW-GEN-7

APR 08 2011

STATE OF ILLINOIS DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS



LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

COUNTRYWIDE RATES/RULES MANUAL

Part 1 – General Rules

Location:	+50% to -50%
Nursing Home	
Hospital	
Free Standing Clinic	
Home Health Care	
Multiple Locations	
Area of Practice:	+50% to -50%
Direct Patient Care	
Cosmetic Procedures	
Supervision of Others	
Correctional Facilities	

State Modification Limits. The table below shows the maximum available Schedule Rating credit/debits % for insureds located in those states.

-15/15	-25/25			-40/25	-40/40		-50/+40	-50/50	NA ¹
NY ²	AL	IA	NM	SC	AK	NH	GA	IL	HI
	AZ	ID	OH		MD	OK		IN	NE
	AR	KS	OR		ME	PA		KY	
	CA	LA ²	PR		MN	RI		NC	
	CO	MA	SD		MS	TX		NV	
	CT	MI	UT		MT			TN	
	DC	MO	VT					VA	
	DE	ND	WA					WI	
	FL	NJ	WV					WY	

¹ NA = Schedule Rating is not available

² Characteristics capped at +/- 10%.

WITHDRAWN

APR 08 2011

STATE OF ILLINOIS
DEPARTMENT OF FINANCE
SPRINGFIELD, ILLINOIS

Healthcare Providers Professional Liability

LIUI-AH-CW-GEN-8



LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

COUNTRYWIDE RATES/RULES MANUAL

Part 1 – General Rules

X. CONVERTING FROM A CLAIMS-MADE POLICY

An applicant currently insured on a claims-made policy wishing to convert to an occurrence policy may purchase prior acts coverage under the occurrence form using the following reporting period factors if they wish to pre-pay:

Prior Acts Period	Prepaid Factor
1 Year Prior	0.808
2 Years Prior	1.154
3 Years Prior	1.238
4+ Years Prior	1.263

WITHDRAWN

APR 08 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Healthcare Providers Professional Liability

LIUI-AH-CW-GEN-9

LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

COUNTRYWIDE RATES/RULES MANUAL

Part 2 – Rating Rules

A. Allied Health Professionals

I. RATES

OCCUPATION	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M	2M / 6M**
ART, DANCE, DRAMA, & MUSIC THERAPIST							
Employed/Employee	56	60	61	70	84	98	108
Self-employed	213	226	232	264	318	372	410
Part-time	94	100	103	117	141	165	182
ATHLETIC TRAINER, MASSAGE & OTHER THERAPISTS (including CORRECTIVE THERAPIST, HELLER WORKER, ROLFER, STRUCTURAL BODY WORKER)							
Employed/Employee	143	151	155	177	213	249	275
Self-employed	691	733	753	857	1032	1207	1,331
Part-time	294	312	320	364	439	514	566
AUDIOLOGIST/SPEECH & HEARING PATHOLOGIST/THERAPIST - SEE SEPARATE RATE PAGE (Part 2.B.)							
DENTAL HYGIENIST/ASSISTANT - SEE SEPARATE RATE PAGE (Part 2.C.)							
DIETICIAN & NUTRITIONIST – SEE SEPARATE RATE PAGE (Part 2.D)							
ELECTROLOGIST							
Employed	70	74	76	86	104	122	134
Employee	84	89	91	104	125	146	161
Self-employed	320	339	349	397	478	559	617
Part-time	142	151	155	176	212	248	273
INTERPRETER FOR THE DEAF							
Employed/Employee	42	45	46	52	63	74	81
Self-employed	78	82	85	96	116	136	150
MENTAL HEALTH SPECIALISTS – SEE SEPARATE RATE PAGE (Part 2.E.)							
MEDICAL TECHNOLOGIST - SEE SEPARATE RATE PAGE (Part 2.F.)							

FILED

AUG 02 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS
LIUI-AH-CW-AHP-1

LIBERTY INSURANCE UNDERWRITERS, INC
HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

COUNTRYWIDE RATES/RULES MANUAL

Part 2 – Rating Rules

A. Allied Health Professionals

OCCUPATION	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M	2M / 6M**
MEDICAL RECORDS & PROCEDURAL CODERS							
Employed/Employee	56	60	61	70	84	98	108
Self-employed	213	226	232	264	318	372	410
NURSE - SEE SEPARATE RATE PAGE (Part 2.G.)							
OCCUPATIONAL THERAPIST – SEE SEPARATE RATE PAGE (Part 2.H.)							
OPTICIAN							
Employed	140	148	153	173	209	245	270
Self-employed	241	255	262	298	359	420	463
Part-time	180	191	196	223	269	315	347
OPTOMETRIST - SEE SEPARATE RATE PAGE (Part 2.I.)							
ORTHOPEDIC TECHNICIAN							
Employed	58	62	64	72	87	102	112
Self-employed	628	666	685	779	938	1,097	1,210
Part-time	267	283	291	331	399	467	515
ORTHOTIST							
Employed	130	138	142	161	194	227	250
PHARMACIST/PHARMACIST TECHNICIAN/ RETAIL DRUGGIST - SEE SEPARATE RATE PAGE (Part 2.J.)							
PHYSICAL THERAPIST - SEE SEPARATE RATE PAGE (Part 2.K.)							
PHYSICIAN ASSISTANT - SEE SEPARATE RATE PAGE (Part 2.L.)							
REHABILITATION COUNSELER / THERAPIST / ASSISTANT - SEE SEPARATE RATE PAGE (Part 2.M.)							
RESPIRATORY THERAPIST - SEE SEPARATE RATE PAGE (Part 2.M.)							
STRENGTH & CONDITION - SEE SEPARATE RATE PAGE (Part 2.N.)							

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

COUNTRYWIDE RATES/RULES MANUAL

Part 2 – Rating Rules

A. Allied Health Professionals

ADDITIONAL INSURED

Occupation	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M	2M / 6M**
ALL ALLIED HEALTH PROFESSIONALS***	110	111	114	129	156	183	201

GENERAL LIABILITY PREMIUM

Occupation	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M	2M / 6M**
ALL ALLIED HEALTH PROFESSIONALS							
First Location	80	85	88	100	120	140	155
per Additional Location	34	36	37	42	50	59	65

ATHLETIC TRAINERS

ADDITIONAL INSURED	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M	2M / 6M**
First Additional Insured - Professional Liability Only	105	111	114	129	156	183	201
Additional Insured - Professional Liability and General Liability	121	129	132	150	181	212	233
Additional Insured - General Liability only (available only if GL first location is purchased)	17	18	18	21	25	29	32

Notes:

- * The 250K/750K limits option is applicable only for INDIANA
- ** The 2M/6M limits option is applicable only for VIRGINIA
- *** Unless listed on specific manual pages.

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

LIBERTY INSURANCE UNDERWRITERS, INC
HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

COUNTRYWIDE RATES/RULES MANUAL

Part 2 – Rating Rules

B. Audiology/Speech Pathology Program

I. RATES – SPONSORED

OCCUPATION	200K / 200K	500K / 500K	1M / 3M	1M / 5M	2M / 5M
AUDIOLOGIST/SPEECH & HEARING PATHOLOGIST/THERAPIST					
Employed	43	50	57	79	92
Employee	28	32	36	39	46
Self-employed	78	91	105	143	167
SPEECH – LANGUAGE PATHOLOGIST ASSISTANT					
Employed	39	45	51	71	83
Employee	25	29	32	35	41
Self-employed	70	82	95	129	150

ADDITIONAL INSURED

Occupation	200K / 200K	500K / 500K	1M / 3M	1M / 5M	2M / 5M
AUDIOLOGIST/SPEECH & HEARING PATHOLOGIST/THERAPIST					
First Additional Insured	110	129	134	142	166
Each Subsequent Additional Insured	110	129	134	142	166

GENERAL LIABILITY PREMIUM

Occupation	200K / 200K	500K / 500K	1M / 3M	1M / 5M	2M / 5M
First Location	73	83	95	95	111
per Additional Location	29	33	38	38	44

LIBERTY INSURANCE UNDERWRITERS, INC
HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

COUNTRYWIDE RATES/RULES MANUAL

Part 2 – Rating Rules

B. Audiology/Speech Pathology Program

II. RATES – NON-SPONSORED

OCCUPATION	200K / 200K	500K / 500K	1M / 1M	1M / 3M	2M / 4M
AUDIOLOGIST/SPEECH & HEARING PATHOLOGIST/THERAPIST					
Employed	43	50	57	79	92
Employee	28	32	36	39	46
Self-employed	78	91	105	143	167
SPEECH – LANGUAGE PATHOLOGIST ASSISTANT					
Employed	39	45	51	71	83
Employee	25	29	32	35	41
Self-employed	70	82	95	129	150

ADDITIONAL INSUREDS

Occupation	200K / 200K	500K / 500K	1M / 1M	1M / 3M	2M / 4M
AUDIOLOGIST/SPEECH & HEARING PATHOLOGIST/THERAPIST					
First Additional Insured	110	129	134	142	166
Each Subsequent Additional Insured	110	129	134	142	166

GENERAL LIABILITY PREMIUM

Occupation	200K / 200K	500K / 500K	1M / 1M	1M / 3M	2M / 4M
First Location	73	83	95	95	111
per Additional Location	29	33	38	38	44

LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

COUNTRYWIDE RATES/RULES MANUAL

Part 2 – Rating Rules

C. Dental Hygiene Professionals Program

I. RATES

OCCUPATION	200K / 200K	500K / 500K	250K / 750K *	1M / 1M	1M / 3M	2M / 4M	2M / 6M **
DENTAL HYGIENIST/ASSISTANT							
Employed	50	57	48	62	66	77	85
Employee	48	57	47	62	65	76	84
Self-employed	188	219	184	238	252	295	325
Part-time	84	97	81	105	111	130	143

ADDITIONAL INSURED

Occupation	200K / 200K	500K / 500K	250K / 750K *	1M / 1M	1M / 3M	2M / 4M	2M / 6M **
DENTAL HYGIENIST/ASSISTANT	110	129	114	147	156	183	201

GENERAL LIABILITY PREMIUM

Occupation	200K / 200K	500K / 500K	250K / 750K *	1M / 1M	1M / 3M	2M / 4M	2M / 6M **
First Location	98	116	96	132	132	154	170
per Additional Location	40	46	39	53	53	62	68

Notes:

* The 250K/750K limits option is applicable only for INDIANA

** The 2M/6M limits option is applicable only for VIRGINIA

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LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

COUNTRYWIDE RATES/RULES MANUAL

Part 2 – Rating Rules

D. Dietician Program

I. RATES – ADA DIETICIAN & NUTRITIONIST

OCCUPATION	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 5M	2M / 5M	2M / 6M**
ADA DIETICIAN & NUTRITIONIST							
Employed/Employee	48	50	52	59	71	87	92
Self-employed (Full Time)	79	84	86	98	118	144	152
Self-employed (Part Time)	60	64	66	75	90	110	116

ADDITIONAL INSUREDS

Occupation	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 5M	2M / 5M	2M / 6M**
ADA DIETICIAN & NUTRITIONIST	105	110	114	129	156	183	201

GENERAL LIABILITY PREMIUM

Occupation	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 5M	2M / 5M	2M / 6M**
ADA DIETICIAN & NUTRITIONIST							
First Location	80	85	88	100	120	140	155
per Additional Location	34	36	37	42	50	59	65

Notes:

* The 250K/750K limits option is applicable only for INDIANA

** The 2M/6M limits option is applicable only for VIRGINIA

LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

COUNTRYWIDE RATES/RULES MANUAL

Part 2 – Rating Rules

D. Dietician Program

II. RATES – NON-ADA DIETICIAN & NUTRITIONIST

OCCUPATION	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M	2M / 6M**
NON-ADA DIETICIAN & NUTRITIONIST							
Employed/Employee	51	54	55	63	76	89	98
Self-employed (Full Time)	190	201	207	235	283	331	365
Self-employed (Part Time)	88	94	96	110	132	154	170

ADDITIONAL INSURED

Occupation	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M	2M / 6M**
NON-ADA DIETICIAN & NUTRITIONIST	110	111	114	129	156	183	201

GENERAL LIABILITY PREMIUM

Occupation	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M	2M / 6M**
NON-ADA DIETICIAN & NUTRITIONIST							
First Location	80	85	88	100	120	140	155
per Additional Location	34	36	37	42	50	59	65

Notes:

* The 250K/750K limits option is applicable only for INDIANA

** The 2M/6M limits option is applicable only for VIRGINIA

LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

COUNTRYWIDE RATES/RULES MANUAL

Part 2 – Rating Rules E. Mental Health Program

I. RATES

EMPLOYED COUNSELORS

	200K / 200K	500K / 500K	LIMIT OPTIONS		
			1M / 1M	1M / 3M	2M / 4M
Individual Rates Per Person					
Employed Counselor	172	212	294	328	384
Drug & Alcohol Counselor	97	149	210	226	264
School Counselor (k-12)	103	130	184	201	235
Employed Social Worker	143	156	205	220	257
School Social Worker*	86	96	128	135	158

SELF-EMPLOYED AND GROUPS

Per partner, director, owner, officer and self-employed:

Counselor	295	320	419	451	528
Drug & Alcohol Counselor	97	149	210	226	264
Social Worker (Full Time)	197	215	282	303	355
Social Worker (Part Time)	128	140	183	197	231
<i>**Other Professional</i>	295	320	419	451	528

Per employee of self-employed individual or group:

Counselor	295	320	419	451	528
<i>**Other Professional</i>	62	73	77	84	98

Per Independent Contractor	22	25	33	37	43
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First Additional Insured	80	94	107	113	132
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Each Subsequent Additional Insured	21	23	26	29	34
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* Illinois only.

** Does not include Psychologists or Social Workers.

LIBERTY INSURANCE UNDERWRITERS, INC
HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

COUNTRYWIDE RATES/RULES MANUAL

Part 2 – Rating Rules
E. Mental Health Program

The following optional GL coverages are only available to insureds who are groups or self-employed. The limits of the optional GL coverage must equal the professional liability limits.

OPTIONAL COVERAGES

	200K / 200K	500K / 500K	1M / 1M	1M / 3M	2M / 4M
General Liability					
First Location	98	116	130	132	154
Each Subsequent Location	40	46	52	53	62

ANY PSYCHOLOGIST

In the State of: ALABAMA, ALASKA, ARKANSAS, CONNECTICUT, DELAWARE, HAWAII, INDIANA*, IOWA, KENTUCKY, MAINE, MASSACHUSETTS, NORTH DAKOTA, OKLAHOMA, RHODE ISLAND, SOUTH CAROLINA, UTAH, VERMONT, WEST VIRGINIA and WYOMING

	200K / 200K	500K / 500K	1M / 1M	1M / 3M	2M / 4M
Rates Per Person	754	875	1,136	1,279	1,496

* INDIANA only: The rate per person for limits 250K/750K is \$842.

In the State of: DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, IDAHO, ILLINOIS, KANSAS, MARYLAND, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, OHIO, PENNSYLVANIA, SOUTH DAKOTA, TENNESSEE, TEXAS, VIRGINIA, WASHINGTON and WISCONSIN

	200K / 200K	500K / 500K	1M / 1M	1M / 3M	2M / 4M
Rates Per Person	927	1,077	1,398	1,572	1,839

In the State of: ARIZONA, COLORADO, LOUISIANA, MICHIGAN, MINNESOTA, NEW JERSEY, NEW MEXICO and OREGON

	200K / 200K	500K / 500K	1M / 1M	1M / 3M	2M / 4M
Rates Per Person	1,587	1,847	2,397	2,696	3,154

LIBERTY INSURANCE UNDERWRITERS, INC
HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

COUNTRYWIDE RATES/RULES MANUAL

Part 2 – Rating Rules

F. Medical Technologist Program

I. RATES

OCCUPATION	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M
MEDICAL TECHNOLOGIST						
Employed	76	81	83	95	114	134
Employee	92	98	101	114	138	161
Self-employed (Full Time)	352	373	384	437	526	615
Self-employed (Part Time)	156	166	170	194	233	273

ADDITIONAL INSURED

Occupation	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M
MEDICAL TECHNOLOGIST	110	111	114	129	156	183

GENERAL LIABILITY PREMIUM

Occupation	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M
First Location	80	85	88	100	120	140
per Additional Location	34	36	37	42	50	59

Notes:

* The 250K/750K Limit is applicable only for INDIANA

LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

COUNTRYWIDE RATES/RULES MANUAL

Part 2 – Rating Rules

G. Nurses Program

I. RATES

Employed Professionals

	100/300	200/600	500/1M	1M/6M	2M/4M	2M/6M**
First Year Graduate RN's (ANA only)	30	32	37	45	53	58
First Year Graduate RN's	46	48	56	68	80	88
LPN's, LVN's, Nurses Aides/Assistants	66	70	81	98	114	126
RN's (excluding Obstetrical RN's)	66	70	81	98	114	126
Obstetrical RN's						
Full-Time (More than 20hrs/week)	258	273	320	385	450	497
Part-Time (20hrs/week or less)	129	137	160	193	225	249
<u>Advanced Practice Nurses *</u>	100/300	200/600	500/1M	1M/6M	2M/4M	2M/6M**
Obstetrical Advanced Practice Nurse *	926	981	1147	1382	1617	1783
Psychiatric Advanced Practice Nurse *						
Full-Time (More than 20 hrs/week)	579	613	717	864	1011	1115
Part-Time (20hrs/week or less)	290	307	359	432	506	558
Pediatric/Family Practice Advanced Practice Nurse *						
Full-Time (More than 20hrs/week)	752	796	932	1123	1314	1449
Part-Time (20hrs/week or less)	376	398	466	562	657	725
All Other Advanced Practice Nurse *						
Full-Time (More than 20hrs/week)	405	430	502	605	708	780
Part-Time (20hrs/week or less)	203	215	251	303	354	390

Self-Employed Professionals

	100/300	200/600	500/1M	1M/6M	2M/4M	2M/6M**
Obstetrical Nurses						
Full-Time (more than 20 hrs/week)	590	625	730	880	1030	1135
Part-Time (20hrs/week or less)	295	313	365	440	515	568
Registered Nurses (including LPN's, LVN's, Aides, Assistants, Home Health & Staff Relief Supervisors)						
Full-Time (more than 20hrs/week)	258	273	320	385	450	497
Part-Time (20hrs/week or less)	129	137	160	193	225	249

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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LIBERTY INSURANCE UNDERWRITERS, INC
HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

COUNTRYWIDE RATES/RULES MANUAL

Part 2 – Rating Rules

G. Nurses Program

Advanced Practice Nurses*

	100/300	200/600	500/1M	1M/6M	2M/4M	2M/6M**
Obstetrical Advanced Practice Nurse*	1111	1177	1376	1658	1940	2139
Psychiatric Advanced Practice Nurse*						
Full-Time (More than 20hrs/week)	695	736	860	1037	1213	1338
Part-Time (20hrs/week or less)	348	368	430	518	607	669
Pediatric/Family Practice Advanced Practice Nurse*						
Full-Time (More than 20hrs/week)	902	955	1118	1348	1577	1739
Part-Time (20hrs/week or less)	451	478	559	674	788	870
All Other Advanced Practice Nurse*						
Full-Time (More than 20hrs/week)	486	516	602	726	850	937
Part-Time (20hrs/week or less)	243	258	301	364	425	469

* Includes Nurse Practitioners and Clinical Nurse Specialists with Prescriptive and Medical Diagnostic Authority.

** 2M/6M limits option is available in Virginia only.

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

LIBERTY INSURANCE UNDERWRITERS, INC
HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

COUNTRYWIDE RATES/RULES MANUAL

Part 2 – Rating Rules

G. Nurses Program

Optional Coverages

	100/300	200/600	500/1M	1M/6M	2M/4M	2M/6M**
General Liability - First Location	80	85	100	120	140	155
General Liability - per Additional Location	34	36	42	50	59	65
Additional Insureds - Professional Liability only	84	89	104	125	146	161
Additional Insureds - Professional Liability & General Liability	101	107	125	150	176	194
Additional Insureds – General Liability only	17	18	21	25	29	32

* Includes Nurse Practitioners and Clinical Nurse Specialists with Prescriptive and Medical Diagnostic Authority.

** 2M/6M limits option is available in Virginia only.

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**STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS**

LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

COUNTRYWIDE RATES/RULES MANUAL

Part 2 – Rating Rules H. Occupational Therapist Program

I. RATES

OCCUPATION	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M	2M / 6M**
Occupational Therapist							
Employed	54	58	59	67	81	95	104
Employee	54	58	59	67	81	95	104
Self-employed (Full Time)	152	161	166	188	227	266	293
Self-employed (Part Time)	71	75	77	88	106	124	137

ADDITIONAL INSURED

Occupation	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M	2M / 6M**
Occupational Therapist	110	111	114	129	156	183	201

GENERAL LIABILITY PREMIUM

Occupation	100K / 300K	200K / 600K	250K / 750K *	500K / 1M	1M / 3M	2M / 4M	2M / 6M**
Occupational Therapist							
First Location	80	85	88	100	120	140	155
per Additional Location	34	36	37	42	50	59	65
Additional Insureds – General Liability only	17	18	18	21	25	29	32

* The 250K/750K Limit is applicable only for INDIANA

** The 2M/6M limits option is applicable only for VIRGINIA

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

COUNTRYWIDE RATES/RULES MANUAL

Part 2 – Rating Rules I. Optometrist Program

I. RATES

TERRITORY I:	100K / 300K	200K / 600K	500K / 1M	1M / 3M	2M / 4M
EMPLOYED	314	333	389	469	549
SELF-EMPLOYED full time	314	333	389	469	549
SELF-EMPLOYED part time	242	256	300	361	422
Alabama, Alaska, Arizona, Arkansas, Delaware, Hawaii, Idaho, Indiana*, Iowa, Kansas, Kentucky, Maine, Maryland, Mississippi, Montana, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming.					

* For Indiana only, rates for \$250K/\$750K limits are as follows: EMPLOYED = \$342; SELF-EMPLOYED full time = \$342; SELF-EMPLOYED part time = \$264.

TERRITORY II:	100K / 300K	200K / 600K	500K / 1M	1M / 3M	2M / 4M
EMPLOYED	377	399	466	562	658
SELF-EMPLOYED full time	377	399	466	562	658
SELF-EMPLOYED part time	290	307	359	433	507
Colorado Georgia Illinois, <i>other than Cook County</i> Massachusetts, <i>other than Norfolk and Suffolk Counties</i> Michigan, <i>other than Wayne County</i> Minnesota Missouri Nevada New Jersey, <i>other than Camden, Hudson, Essex, Union, and Mercer Counties</i> Pennsylvania, <i>other than Philadelphia County</i> Texas, <i>other than Dallas and Harris</i>					

LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

COUNTRYWIDE RATES/RULES MANUAL

Part 2 – Rating Rules I. Optometrist Program

TERRITORY III:	100K / 300K	200K / 600K	500K / 1M	1M / 3M	2M / 4M
EMPLOYED	600	636	744	896	1,048
SELF-EMPLOYED full time	600	636	744	896	1,048
SELF-EMPLOYED part time	462	490	573	690	807
Illinois: <i>Cook County</i>					
Louisiana					
Massachusetts: <i>Norfolk and Suffolk Counties</i>					
New Jersey: <i>Camden, Hudson, Essex, Union, and Mercer Counties</i>					
Pennsylvania: <i>Philadelphia County</i>					
Texas: <i>Dallas and Harris Counties</i>					

TERRITORY IV:	100K / 300K	200K / 600K	500K / 1M	1M / 3M	2M / 4M
EMPLOYED	1,058	1,121	1,311	1,579	1,847
SELF-EMPLOYED full time	1,058	1,121	1,311	1,579	1,847
SELF-EMPLOYED part time	814	863	1,008	1,215	1,422
Connecticut					
District of Columbia					
Michigan: <i>Wayne County</i>					

Please refer to NY, FL & CA only rate pages for specific rates for these states.

OPTIONAL COVERAGES

	100K / 300K	200K / 600K	500K / 1M	1M / 3M	2M / 4M
Additional Insureds Professional Liability (each)	105	111	129	156	183
General Liability - First Location	80	85	100	120	140
General Liability - per Additional Location	34	36	42	50	59

LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

COUNTRYWIDE RATES/RULES MANUAL

Part 2 – Rating Rules J. Pharmacists Program

I. RATES

OCCUPATION	200K / 600K	500K/ 1M	1M / 3M	2M / 4M
PHARMACIST				
Employed/Employee	79	92	111	130
Self-employed (Full Time)	221	258	311	364
Self-employed (Part Time)	111	129	156	183
PHARMACISTS WITH RISK MANAGEMENT CREDIT (ASHP ASSOCIATION ONLY)				
Employed/Employee	71	83	100	117
Self-employed (Full Time)	199	232	280	328
Self-employed (Part Time)	99	116	140	164
PHARMACIST TECHNICIAN				
Employed/Employee	63	74	89	104
PHARMACIST STUDENT	32	37	45	53

ADDITIONAL INSURED

Occupation	200K / 600K	500K/ 1M	1M / 3M	2M / 4M
PHARMACIST	117	137	165	193

GENERAL LIABILITY PREMIUM

Occupation	200K / 600K	500K/ 1M	1M / 3M	2M / 4M
First Location	85	100	120	140
per Additional Location	36	42	50	59

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STATE OF ILLINOIS
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LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

COUNTRYWIDE RATES/RULES MANUAL

Part 2 – Rating Rules

K. Physical Therapist Program

I. RATES

OCCUPATION	100K / 300K	200K / 600K	250K / 750K*	500K/ 1M	1M / 3M	2M / 4M
PHYSICAL THERAPIST						
Employed	122	129	133	151	182	213
Self-employed	386	409	420	478	576	674
PHYSICAL THERAPY AIDE/ASSISTANT						
Employed	54	57	58	66	80	94
Self-employed	181	192	197	224	270	316
Employees of Physical Therapy Groups	251	266	274	311	375	439
Independent Contractor to Physical Therapy Group	34	36	37	42	50	59

OPTIONAL COVERAGES

ADDITIONAL INSURED	100K / 300K	200K / 600K	250K / 750K*	500K/ 1M	1M / 3M	2M / 4M
Additional Insured - Professional Liability Only	84	89	91	104	125	146
Additional Insured – Professional & General Liability	101	107	110	125	150	176
Additional Insured - General Liability only (available only if GL first location is purchased)	17	18	18	21	25	30

GENERAL LIABILITY PREMIUM	100K / 300K	200K / 600K	250K / 750K*	500K/ 1M	1M / 3M	2M / 4M
First Location	80	85	88	100	120	140
per Additional Location	34	36	37	42	50	59

Notes:

* The 250K/750K limit option is applicable only for Indiana Patient Compensation Fund ONLY

LIBERTY INSURANCE UNDERWRITERS, INC HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

COUNTRYWIDE RATES/RULES MANUAL

Part 2 – Rating Rules L. Physician Assistant Program

I. RATES*

TERRITORY I: Rest of Country with exception of IN, FL and NY (For IN, FL and NY rates refer to the state specific page)

PHYSICIAN ASSISTANT	100K / 300K	200K / 600K	500K / 1M	1M / 3M
CLASS I	926	1,144	1,584	1,960
CLASS II	1,850	2,350	3,165	3,919
CLASS III	2,220	2,820	3,798	4,703

TERRITORY II: California, Illinois (Cook), Texas (Dallas, Fort Worth, Houston, Galveston, Beaumont, McAllen, Brownsville, and Harlingen).

PHYSICIAN ASSISTANT	100K / 300K	200K / 600K	500K / 1M	1M / 3M
CLASS I	1,568	1,960	2,689	3,322
CLASS II	3,135	3,919	5,378	6,636
CLASS III	3,863	4,703	6,450	7,973

* To determine the part-time rates, multiply the rates above by 0.50.

OPTIONAL COVERAGES

ADDITIONAL INSURED	100K / 300K	200K / 600K	500K / 1M	1M / 3M
Professional Liability only	84	89	104	125
Professional Liability & General Liability	101	107	125	150

GENERAL LIABILITY PREMIUM	100K / 300K	200K / 600K	500K / 1M	1M / 3M
First Location	80	85	100	120
per Additional Location	34	36	42	50

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**Part 2 – Rating Rules
L. Physician Assistant Program**

Definition of Rating Classes:

Class I – A Physician Assistant who performs tasks ordinarily reserved for a physician and who works under the direction and supervision of a qualified licensed physician to assist that physician in the diagnostic management of patients.

Class II – A Physician Assistant who is involved in any of the following:

- Assisting in Surgery – Any exposure to an operating room other than for observation with GP/FP or General Surgeon;
- Assisting in anesthesiology;
- Any exposure of Trauma/Emergency Room procedures or responsibilities thereof (10 hours or less a week but does not include PA's answering calls for "own" patients);
- OB exposures limited to prenatal or postnatal care.

Class III - A Physician Assistant who is involved in any of the following:

- Assisting in Surgery – Any exposure to operating room other than for observation with an Orthopedic Surgeon, OB/GYN Surgeon, Cardiovascular Surgeon, Thoracic Surgeon, Neurosurgeon, and/or Plastic Surgeon;
- Any exposure to Trauma/Emergency Room procedures or responsibilities thereof (more than 10 hours a week);
- Exposure to OB including delivery room responsibilities;
- Exposure to cardiac catheterization lab.

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Part 2 – Rating Rules

M. Rehabilitation and Respiratory Professionals

I. RATES

OCCUPATION	100K / 300K	200K / 600K	250K / 750K*	500K / 1M	1M / 6M	2M / 4M	2M / 6M**
REHABILITATION COUNSELOR / THERAPIST / ASSISTANT							
Employed/Employee	106	112	115	131	158	185	204
Self-employed (Full Time)	302	320	329	374	450	527	581
Self-employed (Part Time)	151	160	165	188	226	264	292
RESPIRATORY THERAPIST/ASSISTANT							
Employed/Employee	56	60	61	70	84	98	108
Self-employed (Full Time)	213	226	232	264	318	372	410
Self-employed (Part Time)	94	100	103	117	141	165	182

ADDITIONAL INSURED

Occupation	100K / 300K	200K / 600K	250K / 750K*	500K / 1M	1M / 6M	2M / 4M	2M / 6M**
REHABILITATION COUNSELOR / THERAPIST / ASSISTANT	115	122	126	143	172	201	222
RESPIRATORY THERAPIST/ASSISTANT	115	122	126	143	172	201	222

GENERAL LIABILITY PREMIUM

Occupation	100K / 300K	200K / 600K	250K / 750K*	500K / 1M	1M / 6M	2M / 4M	2M / 6M**
REHABILITATION COUNSELOR / THERAPIST / ASSISTANT							
First Location	88	94	96	110	132	154	170
per Additional Location	37	39	40	46	55	64	71
RESPIRATORY THERAPIST/ASSISTANT							
First Location	88	94	96	110	132	154	170
per Additional Location	37	39	40	46	55	64	71

Notes:

* The 250K/750K limits option is applicable only for INDIANA

** The 2M/6M limits option is applicable only for VIRGINIA

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Part 2 – Rating Rules
N. Strength and Condition Program

I. RATES

OCCUPATION	100K / 300K	200K / 600K	500K/ 1M	1M / 3M	2M / 4M
STRENGTH & CONDITION					
Employed	111	117	137	165	193
Self-employed (Full Time)	322	341	398	480	562
Employees of Strength & Condition Group	251	266	311	375	439

OPTIONAL COVERAGES

ADDITIONAL INSURED	100K / 300K	200K / 600K	500K/ 1M	1M / 3M	2M / 4M
First Additional Insured - Professional Liability Only	84	89	104	125	146
Additional Insured - Professional Liability and General Liability	101	107	125	150	176
Additional Insured - General Liability only (available only if GL first location is purchased)	17	18	21	25	30

GENERAL LIABILITY PREMIUM	100K / 300K	200K / 600K	500K/ 1M	1M / 3M	2M / 4M
First Location	80	85	100	120	140
per Additional Location	34	36	42	50	59

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Part 3 – Individual Student Program

I. RATES:

CLASS I	200K / 200K	500K / 500K	1M / 1M	1M / 3M	2M / 4M	2M / 6M*
Annual Rates	17	19	23	35	41	45
Biannual Rates	33	37	45	68	80	88
Triennial Rates	48	53	64	98	115	126

CLASS II	200K / 200K	500K / 500K	1M / 1M	1M / 3M	2M / 4M	2M / 6M*
Annual Rates	17	19	23	33	39	43
Biannual Rates	33	37	45	64	76	83
Triennial Rates	48	53	64	92	109	119

CLASS III (NON-ASHA)	200K / 200K	500K / 500K	1M / 1M	1M / 3M	2M / 4M	2M / 6M*
Annual Rates	17	19	23	30	35	39
Biannual Rates	33	37	45	58	68	75
Triennial Rates	48	53	64	84	98	108

CLASS III (ASHA)	200K / 200K	500K / 500K	1M / 1M	1M / 3M	2M / 4M	2M / 6M*
Annual Rates	17	19	23	30	35	39

CLASS IV	100K / 300K	200K / 600K	1M / 3M	2M / 6M*
Rest of Country	72	96	151	195
California, Florida (Dade and Broward), Illinois (Cook), Texas (Dallas, Fort Worth, Houston, Galveston, Beaumont, McAllen, Brownsville and Harlingen)	119	149	244	N/A
New York - Bronx, Kings, Nassau, New York, Queens, Richmond and Suffolk	72	90	148	N/A
New York - Rest of State	43	58	91	N/A

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Part 3 – Individual Student Program

ADA Active Student Member	200K / 600K	500K / 1M	1M / 5M	2M / 5M
Nationwide - Annual Rate	14	17	20	24

*The 2M/6M Limit is available for Virginia only by request and approval by the company.

Multiply the applicable rate for each specialty by the number of students in that specialty. Add the preceding products.

II. CLASSIFICATIONS:

Class I contains the following student occupations:

Art Therapist
Athletic Trainer
Bio-Medical Technician
Blood Bank Technologist
Cardiopulmonary Technician
Cardiology Technician
Cardiovascular Technician
Child Care Assistant
Child Development and/or Family Services
Clinical Laboratory Technologist
Clinical Radiography Technician
Community Health Intern
Cosmetologist
Counselor
Cytogenetic Technologist
Dance Therapist
Dental Assistant
Dental Hygienist
Dental Laboratory Technician
Dialysis Technician
Dietitian
Dietetic Technician
Drama Therapist
Drug and Alcohol Counselor
Electroencephlographic Technician (EEG Technician)
Electrocardiograph Technician (EKG Technician)
Electrophysiology Technologist
Enterostomal Therapist
Hemodialysis Technician
Histologic Technician
Interpreter for the Deaf
Laboratory Aide
Laboratory Assistant

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Part 3 – Individual Student Program

Lactation Consultant
Marriage and Family Counselors
Massage Therapist
Medical Assistant
Medical Laboratory Technician
Medical Records and Procedural Coders
Medical Technologist
M.R.I. Technician
Music Therapist
Nuclear Medical Technologist
Nutritionist
Occupational Therapist
Occupational Therapy Assistant
Ophthalmic Photographer
Ophthalmic Technologist
Optician
Optometric Technician
Optometrist
Orthopedic Technician
Orthotist
Pastoral Counselor
Personnel and/or Guidance Counselors
Pharmacist
Pharmacist Technician
Phlebotomist
Polysomnographic Technician
Psychiatric Technician
Psychologist
Radiologic Technologist
Recreational Therapist
Rehabilitation Assistant
Rehabilitation Counselor/Therapist
Respiratory Therapist
Respiratory Therapy Technician
Social Worker
Surgical Technologist
Vascular Technician
X-Ray Technician

Class II contains the following student occupations:

Geriatric Nursing Assistant
LPN/LVN
Nurse
Nurses Aide

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Part 3 – Individual Student Program

Nursing Assistant
Physical Therapist
Physical Therapist Assistant
Psychiatric Nurse
Registered Nurse

Class III contains the following student occupations:

Audiologist
Speech-Language Pathologist
Speech-Language Pathologist Assistant

Class IV contains the following student occupations:

Physician Assistant
Surgeon Assistant Students

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Part 4 – Student Blanket Program

I. RATES:

CLASS I	200K / 200K	500K / 500K	1M / 1M	1M / 3M	2M / 4M	2M / 6M*
Annual Rates	10	11	12	13	15	17
Biannual Rates	20	23	24	26	30	34
Triennial Rates	30	34	37	39	46	50

CLASS II	200K / 200K	500K / 500K	1M / 1M	1M / 3M	2M / 4M	2M / 6M*
Annual Rates	39	45	52	55	66	71
Biannual Rates	80	87	102	106	124	137
Triennial Rates	108	126	146	154	179	199

*The 2M/6M Limit is available for Virginia only by request and approval by the company.

Multiply the applicable rate for each specialty by the number of students in that specialty. Add the preceding products.

II. FACTORS OR MULTIPLIERS:

The General Rules factors and multipliers are not applicable to the Student Blanket Program. Instead the following rules apply:

MODIFICATION SCHEDULE:

Other risk modifications may be applied to the rate subject, however, to a maximum credit or debit as set forth in the State Modification Limits table. Basic limits premium eligibility is \$500 for each state, with the following exceptions: \$2,500 in NY, \$1,000 in WA, \$1000 in FL before and after the application of schedule rating modifiers, and \$6,000 (after modification) in LA.

Hazards vary with the organization and are impacted by factors such as loss prevention activities, professional liability claim experience, professional services rendered, etc. To recognize the factors peculiar to the insured's practice, the underwriter may apply a modification factor to the premium otherwise developed based on the overall evaluation of the risk.

A. Faculty Management (-10% to +0%)

A low turnover rate and the consistent maintenance of high standards in faculty procurement characterize the institution's faculty.

Criteria: Percentage of faculty members with one year or less tenure with the institution.

<u>Percentage of Faculty</u>	<u>Modifier</u>
More than 10%	0%
6% -10%	-5%
Less than 6%	-10%

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Part 4 – Student Blanket Program

B. Faculty Tenure (-10% to +0%)

The institution maintains an experienced and stable faculty through ongoing programs and employee practices.

Criteria: Average tenure of the faculty.

<u>Percentage of Faculty</u>	<u>Modifier</u>
More than 20 years	-10%
16 — 20 years	-5%
Less than 16 years	0%

C. Continuing Education (-10% to +0%)

The institution's professional faculty maintains a high level of expertise in its chosen profession through continuing professional education.

Criteria: Percentage of the institution's faculty engaged in continuing professional education.

<u>Percentage of Faculty</u>	<u>Modifier</u>
More than 85%	-10%
70% -85%	-5%
Less than 70%	0%

D. Loss Experience (-10% to +10%)

The institution has an excellent history of controlling losses.

Criteria: Loss experience as defined below.

<u>Experience</u>	<u>Modifier</u>
No losses in 36 or more months	-10%
No losses within a 12-24 month period	-5%
One loss of \$5,000 within the past 12 months	+5%
One or more losses in excess of \$5,000 in the past 24 months	+10%

For the purposes of this modification a loss is considered to be any situation that an insurance company has made payment or maintains a reserve upon.

E. Risk Management Education (0% to -10%)

The institution's curriculum develops knowledge of professional liability exposures and loss management techniques in a professional practice.

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Part 4 – Student Blanket Program

Criteria: The length of time that the institution has had as a requirement of its professional curriculum the participation in a risk management and/or legal issues course.

<u>Number of Years</u>	<u>Modifier</u>
More than three years	-10%
1 — 3 years	-5%
Less than one year or non-existent	0%

State Modification Limits. The table below shows the maximum available Schedule Rating credit/debits % for insureds located in those states.

-15/15	-25/25			-40/25	-40/40		-50/+40	-50/50	NA¹
NY ²	AL	IA	NM	SC	AK	NH	GA	IL	HI
	AZ	ID	OH		MD	OK		IN	NE
	AR	KS	OR		ME	PA		KY	
	CA	LA ²	PR		MN	RI		NC	
	CO	MA	SD		MS	TX		NV	
	CT	MI	UT		MT			TN	
	DC	MO	VT					VA	
	DE	ND	WA					WI	
	FL	NJ	WV					WY	

¹ NA = Schedule Rating is not available

² Characteristics capped at +/-10%.

III. ADDITIONAL INSTITUTION:

The addition of the educational institution, as an insured, carries no additional premium charge.

The addition of an acceptable facility as an additional insured carries an additional premium charge of 25% of the total (adjusted) policy premium.

IV. POLICY AUDIT:

All policies are auditable at expiration. Multi-year policies, when estimated premiums are not paid at the policy's inception, are also auditable annually.

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Part 4 – Student Blanket Program

V. POLICY PERIOD:

Biannual premiums are 194 percent of the annual premium, provided the estimated policy premium is paid at the policy's inception.

Triennial premiums are 280 percent of the annual premium, provided the estimated policy premium is paid at the policy's inception.

VI. CLASSIFICATIONS:

Class I Specialties:

Student/Graduate	Art Therapist
Student/Graduate	Athletic Trainer
Student/Graduate	Audiologist
Student/Graduate	Bio-medical Technician
Student/Graduate	Blood Bank Technologist
Student/Graduate	Cardiology Technician
Student/Graduate	Certified Laboratory Assistant
Student/Graduate	Child Care Assistant
Student/Graduate	Child Development and/or Family Services
Student/Graduate	Clinical Laboratory Technologist
Student/Graduate	Community Health Intern
Student/Graduate	Cosmetologist
Student/Graduate	Counselor
Student/Graduate	Dance Therapist
Student/Graduate	Dental Assistant
Student/Graduate	Dental Hygienist
Student/Graduate	Dental Laboratory Technician
Student/Graduate	Diagnostic Medical Sonographer
Student/Graduate	Dietitian
Student/Graduate	Drug and Alcohol Counselor
Student/Graduate	EEG Technician
Student/Graduate	Enterostomal Therapist
Student/Graduate	Geriatric Nursing Assistant
Student/Graduate	Health Educators
Student/Graduate	Hemodialysis Technician
Student/Graduate	Histologic Technician
Student/Graduate	Laboratory Aide
Student/Graduate	Laboratory Assistant
Student/Graduate	Long Term Health Care Administration
Student/Graduate	LPN/LVN
Student/Graduate	Marriage and Family Counselors
Student/Graduate	Massage Therapist

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HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY PROGRAM

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Part 4 – Student Blanket Program

Student/Graduate	Medical Assistant
Student/Graduate	Medical Administrative Assistant
Student/Graduate	Medical Laboratory Technician
Student/Graduate	Medical Technologist
Student/Graduate	Medical Technical Assistant
Student/Graduate	Music Therapist
Student/Graduate	Nuclear Medical Technologist
Student/Graduate	Occupational Therapist
Student/Graduate	Optometric Technician
Student/Graduate	Optometrist
Student/Graduate	Orthopedic Assistant (Orthopedic Technician)
Student/Graduate	Pastoral Counselors
Student/Graduate	Personnel and/or Guidance Counselors
Student/Graduate	Phlebotomist
Student/Graduate	Physical Therapist
Student/Graduate	Physical Therapist Assistant
Student/Graduate	Psychiatric Nurse
Student/Graduate	Psychiatric Technician
Student/Graduate	Psychiatric Technologist
Student/Graduate	Radiologic Technologist
Student/Graduate	Recreational Therapist
Student/Graduate	Registered Nurse
Student/Graduate	Rehabilitation Assistant
Student/Graduate	Respiratory Therapist
Student/Graduate	Respiratory Therapy Technician
Student/Graduate	Social Worker
Student/Graduate	Surgical Technologist
Student/Graduate	Ultrasound Technologist
Student/Graduate	Cardiopulmonary Technician
Student/Graduate	Cardiovascular Technician
Student/Graduate	Clinical Radiography Technician
Student/Graduate	Cytogenetic Technologist
Student/Graduate	Dialysis Technician
Student/Graduate	Dietetic Technician
Student/Graduate	Drama Therapist
Student/Graduate	Electrocardiograph Technician (EKG Technician)
Student/Graduate	Electrophysiology Technologist
Student/Graduate	Interpreter for the Deaf
Student/Graduate	Lactation Consultant
Student/Graduate	Medical Records and Procedural Coders
Student/Graduate	MRI Technician
Student/Graduate	Nurse
Student/Graduate	Nurses Aide
Student/Graduate	Nursing Assistant
Student/Graduate	Nutritionist

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Part 4 – Student Blanket Program

Student/Graduate	Occupational Therapist Assistant
Student/Graduate	Ophthalmic Photographer
Student/Graduate	Ophthalmic Technologist
Student/Graduate	Optician
Student/Graduate	Orthotist
Student/Graduate	Pharmacist
Student/Graduate	Pharmacist Technician
Student/Graduate	Polysomnographic Technician
Student/Graduate	Psychologist
Student/Graduate	Rehabilitation Counselor/Therapist
Student/Graduate	Speech-Language Pathologist
Student/Graduate	Speech-Language Pathologist Assistant
Student/Graduate	Vascular Technician
Student/Graduate	X-Ray Technician

Class II Specialties:

Student/Graduate	Circulation Technician
Student/Graduate	Emergency Medical Technician
Student/Graduate	Nurse Practitioner
Student/Graduate	Paramedic
Student/Graduate	Physician Assistant
Student/Graduate	Surgeon Assistant

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Part 5 – Federation Rating Rules

I. RATES

COUNTRYWIDE*	1M / 1M	1M / 3M	2M / 4M
Federation	66	84	97

II. PREMIUM CALCULATION

1. Based upon limits of liability purchased; determine base premium.
2. Is insured purchasing prior acts coverage?
If yes, +\$9. If no, +\$0. (Note, this replaces Part 1, Rule X - CONVERTING FROM A C-M POLICY)
3. Final Premium = 1. + 2.
Round to nearest dollar

- III. Additional Extended Reporting Period Options:** In the event that the policy is cancelled or non-renewed by the Named Insured or is cancelled or non-renewed by the Company, the Named Insured has the option to purchase an additional Extended Reporting Period by paying the premium calculated by applying the factor shown in the schedule below to the expiring annual policy premium.

Extended Reporting Period Length	Percent of Expiring Annual Premium Without Reinstatement of Aggregate Limit	Percent of Expiring Annual Premium With Reinstatement of Aggregate Limit**
12 months	90%	180%
24 months	135%	270%
36 months	150%	300%
60 months	175%	350%
96 months	200%	400%
Unlimited***	225%	450%

Notes/Exceptions:

* All rates will be multiplied by a factor of 1.70 in Louisiana to account for the fact that one-year of free tail coverage must be offered for all claims-made policies.

** This is only available in the following states: Connecticut, Maine, New Mexico, North Carolina, and Virginia.

*** This is not available in Alaska.

For Montana only, if the extended reporting period is written on a 35-month or shorter term, the premium shall be earned pro-rata. For policies written on term of 36-months or longer, the premium shall be earned as follows: 60% upon issuance; 20% upon completion of the first 12-months; and 20% upon completion of the second 12-months.



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ILLINOIS STATE EXCEPTION PAGES

Part 1 – General Rules

The following is added to Part 1 – General Rules:

XI. QUARTERLY INSTALLMENT PAYMENT OPTION

Quarterly payment options are available for policies with premium greater than or equal to \$500 as described below.

- a) An initial payment of 40% of the estimated total premium is due at policy inception;
- b) The remaining premium will be spread equally among the second, third, and fourth installments, and due 3, 6, and 9 months from policy inception, respectively;
- c) No interest or installment charges will apply;
- d) Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to a policy will be billed immediately as a separate transaction.